

### Soapstone UMC Family Ministries Medical Release and Contact Form 2024-2025

Student 1 Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
First Middle Last mm / dd / yyyy

Preferred Name: \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Student Email \_\_\_\_\_ Student Cell # \_\_\_\_\_  
Leave blank if student doesn't have their own email (parent info is on the back of this form) Leave blank if student doesn't have their own phone

School (2024-2025) \_\_\_\_\_ 24-25 Grade \_\_\_\_\_ Track \_\_\_\_\_

Dietary needs or allergies to medications/food/animals/etc. \_\_\_\_\_

List any medical conditions or restrictions \_\_\_\_\_

List type and dosage of medication \_\_\_\_\_

Student 2 Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
First Middle Last mm / dd / yyyy

Preferred Name: \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Student Email \_\_\_\_\_ Student Cell # \_\_\_\_\_  
Leave blank if student doesn't have their own email (parent info is on the back of this form) Leave blank if student doesn't have their own phone

School (2024-2025) \_\_\_\_\_ 24-25 Grade \_\_\_\_\_ Track \_\_\_\_\_

Dietary needs or allergies to medications/food/animals/etc. \_\_\_\_\_

List any medical conditions or restrictions \_\_\_\_\_

List type and dosage of medication \_\_\_\_\_

Student 3 Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
First Middle Last mm / dd / yyyy

Preferred Name: \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Student Email \_\_\_\_\_ Student Cell # \_\_\_\_\_  
Leave blank if student doesn't have their own email (parent info is on the back of this form) Leave blank if student doesn't have their own phone

School (2024-2025) \_\_\_\_\_ 24-25 Grade \_\_\_\_\_ Track \_\_\_\_\_

Dietary needs or allergies to medications/food/animals/etc. \_\_\_\_\_

List any medical conditions or restrictions \_\_\_\_\_

List type and dosage of medication \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (if applicable): \_\_\_\_\_

*Continued on next page.*

Parent 1 Name \_\_\_\_\_ Parent 2 Name \_\_\_\_\_

Parent 1 Email \_\_\_\_\_ Parent 2 Email \_\_\_\_\_

Parent 1 Cell Phone \_\_\_\_\_ Parent 2 Cell Phone \_\_\_\_\_

Other Emergency Contact Name: \_\_\_\_\_ Cell \_\_\_\_\_

Insurance Company \_\_\_\_\_

Group & Policy Numbers \_\_\_\_\_

For routine medical care (headaches, scrapes, insect bites, etc.) please let us know any medicine that cannot be given to your student (such as Tylenol, Motrin, Ibuprofen, Neosporin, Dramamine, Hydrocortisone Cream, etc.): \_\_\_\_\_

**Please read the following and sign below.**

I hereby grant permission for my child to participate in the events and activities sponsored or attended by Soapstone United Methodist Church (“SUMC”) from September 1, 2024 through August 31, 2025. SUMC is hereby authorized to furnish transportation, food and/or lodging to my child during such events and activities.

I understand reasonable safety precautions will be taken by Soapstone United Methodist Church (SUMC) and its agents, leaders, employees and volunteers (together, the “SUMC Parties”). However, I understand that unforeseen hazards may arise and inherent risk exists. Therefore, to enable my child to participate in SUMC events and activities, I agree not to hold the SUMC Parties liable for any injury to person or property that I or my child may sustain in connection with said participation. I, on behalf of myself and my child, assume all risk of personal injury, sickness, death, damage and expense that may be incurred as a result of or in connection with my child’s participation in SUMC events and activities. I covenant and agree not to sue the SUMC Parties for damages or other relief in relation to my child’s participation in SUMC events and activities. I will defend and indemnify the SUMC Parties against any claim brought by or on behalf of any party, including but not limited to my child, for damages or other relief in relation to our/my child’s participation in SUMC events and activities.

I understand that in the event my child may need medical or dental treatment or services, reasonable attempts will be made to contact the persons listed on this form. In the event the listed contacts cannot be reached in an emergency, I hereby give permission to a licensed physician or dentists at a facility selected by the event or activity leader to secure medical or dental treatment or services for my child, including but not limited to examinations, injections, x-rays, anesthesia and surgery, consistent with recommendations of the medical or dental professional, and using the insurance identified on this form. I am aware that I will be billed by the medical or dental provider for any expenses not covered by said insurance and agree to be financially responsible for the payment of any such medical or dental bills.

I approve the use of photographs and video of my child which are taken during youth events, and for such photographs and video to be displayed on the church website and social media, understanding that children will not be identified by name. Should it become necessary, at the discretion of the event or activity leader, for my child to return home for medical, disciplinary or other reasons, I agree to be responsible for all transportation costs.

I have read this authorization and agree in full with its terms.

**Parent/Guardian 1**

**Parent/Guardian 2**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_